

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

U.S. Department of Health and Human Services
Office of the General Counsel ATTN: CLAIMS
830 C Street SW, Switzer Bldg. Suite 2600
Washington, D.C. 20201

2. Name, address of claimant, and claimant's personal representative if any.
(See instructions on reverse). Number, Street, City, State and Zip code.

Kimberly Stark, Administratrix of the Estate of Jerry Dean Brewer

3. TYPE OF EMPLOYMENT

MILITARY

CIVILIAN

4. DATE OF BIRTH
03/25/1966

5. MARITAL STATUS
S

6. DATE AND DAY OF ACCIDENT
09/01/2015

7. TIME (A.M. OR P.M.)
4:45 p.m.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

SEE ATTACHED SHEET

9.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

N/A

10.

PERSONAL INJURY/WRONFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Gunshot wound to head (suicide)

**See Addendum Sheet for additional witnesses

WITNESSES

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
Kimberly Stark	403 Grande Oak Blvd., Lumberton, NC 28358
Carla M. Locklear	1930 NC HWY 711 W, Lumberton, NC 28358
Jennifer Altman, M.E.	300 W. 27th Street, Lumberton, NC 28358

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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STANDARD FORM 95 (REV. 2/2007)
PREScribed BY DEPT. OF JUSTICE
28 CFR 14.2

95-109



Witness addendum:

Harold Brewer 773 River Ridge Road, Lumberton, NC 28360

James Dean Brewer 249 Lonnie Farm Road, Pembroke, NC 28372

EMT's who came to the decedent's home on August 27th and then again on September 1, 2015.

Personnel at Monarch Behavioral Center to be determined at a later time

Personnel at Maxton Medical to be determined at a later time.